

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>08-13-01</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>32</i>	<i>4/3</i>
FORMALITY REVIEW	<i>Zm</i>	<i>927</i>	<i>64 20/01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final Original	
1	<i>[initials]</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*Dr. [Signature]*